						. ago.	
S S S S	A	12: 12		BLIC HEALTH AND SOCIAL SER F ENVIRONMENTAL HEALTH	RVICES		
ROY C	7. T			D CARE FACILITY			
The state of the s	7			PECTION REPORT			
	SON	GRADE	Inspection Date:	ESTABLISHMENT NAME:			107111
Regular	V	0	VO 24 2018	SANCTVARY FEMALE 1 OWNER/OPERATOR:	emergen)	MS PO	ates
Follow-Up Complain		8		SANCTUARY INC.			
Investigat	_	RATING	10:11Am 12:00Pm	LOCATION:	Establishme	nt Type:	
Other:		Α	Sanitary Permit No.:	CHALAN PAGO	FGDC	<u> </u>	
			20000 180002118			orary	Expired
		_ Male _O_		Child Care License: No.:\170\139			
inspection	or sooner	r as the Dep	partment indicates. Non	y in the operations and facilities whe- compliance may result in downgrated to be submitted before the indicated	ading or permit	t suspen	by the next sion. To appeal
ITEM*			<del></del>	ARKS			CORRECT BY
	A REGIL	JUAR IN	SPECTION WAS O	CONDUCTED TOOM. PRE	2001	1	31E-0/-5
				2018 RESULTED IN A G			
			_ /	NOW INS, WERE OBSERVE	•	-	
			HAUST VONTS				
17.	CEILIN			E POUND WITH PUST AC	AL 1-01.43 A 27.	a. 1	
. [.		/ -					14-1-
				SHU BE KAPT CUAN		2	11 106 2018
	MAINTA	US Gard	O BUZUICE (HD	FACILITY'S SANTARY C	SUDITION.	====	
31.	AIR CON	PIT - N A	A VOLTO TARRAM	RHANT THE INLESS COM	colones VIII	2	
	WORE POWO WITH OUST ACCUMULATION; WALL OUTLET NEAR					11/15/298	
	RESTREOM I FOUND IN DISPEPATE; CELLING OF REOM/FOUND  WITH DISCONDRATION ONE TO WHAT IT SEEMS TO BE A PREVIOUS  VEAK; WALL NETT TELEMSION IN LIVING ROOM FOUND WITH A HOLE.						
							1 21
	ALL AREAS, FACILITIES, AND EQUIPMENT SHALL BE KEPT CLAIM, MAINTAINED, AND IN A GOOD STATE OF REPAIR TO PROJENT ANY						
	PHYCICAL HAZARDS AND TO SUCURE THE FARINTY'S SAMITARY						
	Consu		APPE HILLS TO O	Minoral His thanking de	((/\d\		
-	0-1-0/111						
33.	TOWET	Bour	IN RETROOM	3 was found wath oise	SUPATION.	4	11 96 2019
\$P	TOIL	ets sha	il be cuented	DAILY TO ENCUPE THE	FACUTY'S		
	SANITAR	مر دوم	PITLON.			1	
				n(s) and I am aware of the corre		ires to b	e taken.
			T	Received By (Name & Title):		0	200
cited al		y snall be of this ins		DEH Inspector (Namo & Title		+	العطع إلا
0) (4) (0)	(4.4) (04)	(00) (04)	(07) (00) (00) 0 (45)	DEH Inspector (Name & Title	7 ( [	)	

Rev: 08/2/05 DEH-06

10 days of this inspection: (2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

V. RAYMUNDO EPHÓ I

	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES				
	DIVISION OF ENVIRONMENTAL HEALTH				
600	CHILD CARE FACILITY				
A 350	INSPECTION REPORT				
_	SON GRADE Inspection Date: ESTABLISHMENT NAME:				
Regular	10 20 2018 SANGUARY POMALE SMERGEN	SANCTUARY POMALE SMERGENCY SHEUTER			
Follow-U Complair		SANCTUARY, INC.			
Investiga		ment Type:			
Other:	Sanitary Permit No.: CHAAN PAGO FG	31			
<u>_</u>	A 20800 PERMIT STATUS:	mporaryExpired			
No. of Chi	dren: O Male Female O Total Child Care License: No.: 10139 / Valid /	/ Provisional / / Expired			
The f	ollowing items identify violations found this day in the operations and facilities which must b	e corrected by the next			
inspection	or sooner as the Department indicates. Non-compliance may result in downgrading or per a written request for hearing must be submitted before the indicated correction	rmit suspension. To appea			
ITEM*	REMARKS	DEMERIT CORRECT B			
	PHOTOS WERE TAKEN.	DEMERIT COTTILEOT B			
	IN THE POYER AREA.				
	DISCUSSED THIS REPORT WITH MS. I SAGEL MCCORD				
	RUSID BUTIAL SUPERVICAL.				
16					
in .		The state of the s			
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		1 2			
G G					
l bass					
	e read and understand the above violation(s) and I am aware of the corrective mea	asures to be taken.			
	When any of the following items are bove, they shall be corrected within	mom			
OILCG E	bove, they shall be corrected within  10 days of this inspection:  DEH Inspector (Name & Title):	1015 penisor			
(2), (4), (6)	, (14), (21), (23), (24), (27), (28), (39) & (40). V. PAYINGO, BPHO I	300-9570			